

Medicare Guide

to

Rural Health Services Information

for

Providers, Suppliers and Physicians

Errata Sheet

Errata Sheet Release Date: **June 2006**

Please note that since the implementation of this publication, the following corrections or changes have been identified:

Medicare Guide to Rural Health Services Information for Providers, Suppliers and Physicians		
Page Number	Section Title and/or Number	Description of Change
Throughout Guide	Throughout Guide	All URLs have been revised due to the CMS web redesign (on downloadable version).

Critical Access Hospital		
Page Number	Section Title and/or Number	Description of Change
6	Medicare Rural Pass-Through Funding Program for Anesthesia Services	Add the following sentence to the end of the section: CAHs that qualify for the Certified Registered Nurse Anesthetist (CRNA) pass-through exemptions can receive payment for CRNA professional services regardless of whether the Standard or Optional (Elective) Payment Method is chosen. <i>See CR 3833.</i>

Federally Qualified Health Center		
Page Number	Section Title and/or Number	Description of Change
11	Covered Federally Qualified Health Center Services	Add the following bullet to the first list: Diabetes self-management training and medical nutrition therapy for beneficiaries with diabetes or renal disease (effective for services furnished on or after January 1, 2006). <i>See CR 4385.</i>

Health Professional Shortage Area		
Page Number	Section Title and/or Number	Description of Change
15	Health Professional Shortage Area Incentive Payment	Add the following paragraph to the end of the section: For Professional Component/Technical Component Indicator 4 global services, the professional component and technical component are eligible for the HPSA payment, except for CPT® code 93015 (effective for claims received on or after July 1, 2006). <i>See CR 5015.</i>

Home Health Agency

Page Number	Section Title and/or Number	Description of Change
18	Home Health Prospective Payment System	<p>Add new third paragraph:</p> <p>As directed by Section 5201 of the Deficit Reduction Act of 2005, rural HH PPS claims will receive a 5 percent add-on payment for episodes and visits beginning on January 1, 2006 and before January 1, 2007. <i>See CR 4282 and CR 4397.</i></p>

Hospice

Page Number	Section Title and/or Number	Description of Change
20	Hospice Care	<p>Delete the third sentence from the first paragraph and add the following sentences:</p> <p>To be eligible for the Medicare hospice benefit, a beneficiary requires certification of the terminal condition with a prognosis of six months or less if the disease runs its normal course. Certification is required at the initiation of the benefit period and for each subsequent benefit period.</p>

Medicare Disproportionate Share Hospital

Page Number	Section Title and/or Number	Description of Change
24	Methods to Qualify for Medicare Disproportionate Share Hospital Adjustment	<p>Delete the text under the Alternate Special Exemption Method bullet and add the following text:</p> <p>The alternate special exception method is for urban hospitals with more than 100 beds that can demonstrate that more than 30 percent of their total net inpatient care revenues come from State and local government sources for indigent care (other than Medicare or Medicaid).</p>
24 and 25	Medicare Prescription Drug, Improvement, and Modernization Act of 2003	<p>Revise section heading as follows:</p> <p>Medicare Prescription Drug, Improvement, and Modernization Act of 2003 and Deficit Reduction Act of 2005</p> <p>Delete the text under the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 and add the following paragraph:</p> <p>Section 402 of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 states that effective for discharges occurring on or after April 1, 2004, the Medicare DSH payment adjustment for rural hospitals with fewer than 500 beds and urban hospitals with fewer than 100 beds has been increased. The cap on the adjustment for these hospitals will be 12 percent, except for hospitals classified as Rural Referral Centers (RRC). Per section 5002 of the Deficit Reduction Act as of October 1, 2006 Medicare-Dependent Hospitals (MDH) will also be exempt from the 1 percent cap. The formulas to establish a hospital's Medicare DSH payment adjustment are based on the following:</p>

Medicare Disproportionate Share Hospital

Page Number	Section Title and/or Number	Description of Change						
		<ul style="list-style-type: none"> Hospital's location; Number of beds; and Status as a RRC or MDH. 						
26	Medicare Disproportionate Share Hospital Payment Adjustment Formulas Chart	<p>Delete Sole Community Hospitals and Both Sole Community Hospitals and Rural Referral Centers rows.</p> <p>Add the following rows:</p> <table border="1"> <tr> <td>MEDICARE-DEPENDENT HOSPITALS (as of October 1, 2006)</td><td>>=15%, <20.2%</td><td>2.5% + [.65 x (DSH pct - 15%)] No Cap</td></tr> <tr> <td></td><td>>=20.2%</td><td>5.88% + [.825 x (DSH pct - 20.2%)] No Cap</td></tr> </table>	MEDICARE-DEPENDENT HOSPITALS (as of October 1, 2006)	>=15%, <20.2%	2.5% + [.65 x (DSH pct - 15%)] No Cap		>=20.2%	5.88% + [.825 x (DSH pct - 20.2%)] No Cap
MEDICARE-DEPENDENT HOSPITALS (as of October 1, 2006)	>=15%, <20.2%	2.5% + [.65 x (DSH pct - 15%)] No Cap						
	>=20.2%	5.88% + [.825 x (DSH pct - 20.2%)] No Cap						
27	Medicare Disproportionate Share Hospital Payment Adjustment Formulas	<p>Delete the third paragraph and add the following paragraph:</p> <p>Hospital A has 62 beds and is located in an urban area. In fiscal year 2003, it had 5,000 total inpatient days, 1,000 Medicaid/non-Medicare days, 2,000 Medicare Part A days, and 300 Medicare Part A/SSI days. Hospital A has a Medicare DSH patient percentage of 35 percent.</p>						

Physician Scarcity Area Bonus Payment

Page Number	Section Title and/or Number	Description of Change
30		<p>Add new paragraph below the bulleted list:</p> <p>For Professional Component/Technical Component Indicator 4 global services, the professional component and technical component are eligible for the PSA bonus payment, except for CPT® code 93015 (effective for claims received on or after July 1, 2006). <i>See CR 5015.</i></p>

Telehealth

Page Number	Section Title and/or Number	Description of Change
46	Distant Site Practitioners	<p>Add the following to the list of Distant Site Practitioners:</p> <ul style="list-style-type: none"> Registered dietitians and nutrition professionals <i>See CR 4204.</i>
47	Telehealth Services	<p>Add the following to the list of Telehealth Services:</p> <ul style="list-style-type: none"> Medical nutrition therapy (HCPCS code G0270 and CPT® codes 97802 - 97803) <i>See CR 4204.</i>